



MAR 29 2012

Please type or print in ink.

NAME OF FILER

(LAST) 2012 APR -5 PM 12:47 (FIRST)

Yeager

Ken

COUNTY OF SANTA CLARA
Clerk of the Board of Supervisors
(MIDDLE)

1. Office, Agency, or Court

Agency Name

Board of Supervisors

Division, Board, Department, District, if applicable

Your Position

Member of the Board of Supervisors

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHED

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County

☒ County of Santa Clara

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left / / (Check one)

-or-

The period covered is / / through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed / /

☐ The period covered is / / through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

5.

I have used all reasonable diligence in preparing this statement. I have reviewed this herein and in any attached schedules is true and complete. I acknowledge this is a

I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-29-12
(month, day, year)

Signature



SCHEDULE D Income - Gifts

CALIFORNIA FORM 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	
Ken Yeager	

► NAME OF SOURCE
Hanson Bridgett, LLP.

ADDRESS (Business Address Acceptable)
425 Market Street, 26th Floor San Francisco, CA 94105

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
04 / 22 / 11	\$ 78.00	San Francisco Giants Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Santa Clara Valley Transportation Authority

ADDRESS (Business Address Acceptable)
3331 N First Street San Jose, CA 95134

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 06 / 11	\$ 100.00	Spirit of Santa Clara Valley Luncheon Ticket
/ /	\$	
/ /	\$	

► NAME OF SOURCE
Kaiser Foundation Health Plan, INC.

ADDRESS (Business Address Acceptable)
19000 Homestead Road, Building 1, 2nd Floor Cupertino, CA 95014

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 08 / 11	\$ 52.00	Food and Gifts from KP South Bay Celebration of Community Event
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E **Income – Gifts** **Travel Payments, Advances,** **and Reimbursements**

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ken Yeager

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE

Leadership for Healthy Communities

ADDRESS (Business Address Acceptable)

1830 11th Street NW, Suite 1

CITY AND STATE

Washington, DC 20001

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

DATE(S): 09 / 07 / 11 - 09 / 09 / 11 AMT: \$ 892.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____

Statement of Economic Interests Additional Information:

Agency:

Position:

Santa Clara County	Supervisor, Fourth District
Association of Bay Area Governments	Representative
Air Resources Board	Board Member
Bay Area Air Quality Management District	Board Member
First 5	Commissioner
Peninsula Corridor Joint Powers Board - CALTRAIN	Director
Santa Clara Valley Transportation Authority	Board Member
West Valley Sanitation District	Board Member